

## Instructions for Medicare Outpatient Data Collection

The Division of Health Care Finance and Policy is requiring hospitals to provide data on their fiscal year 2008 outpatient Medicare charges and payments. This data will be used to determine the proposed Health Safety Net outpatient per visit rates for Fiscal Year 2010.

### 1. Download instructions

Hospitals must download the Microsoft® Excel spreadsheet from the Division's website:

[URL]

- a. The minimum system requirements to download this spreadsheet are:

**Computer/Processor:** An IBM-compatible computer with a 486 66MHz processor (or higher)

**Memory:** 16 MB RAM

**Hard Disk:** 1 MB Available for a typical installation, and 1.4 MB for the maximum installation.

**Drive:** 3 1/2" floppy diskette drive

**Display:** VGA or higher-resolution monitor; Super VGA recommended

**Operating System:** Microsoft Windows 95 or later operating system or Microsoft Windows NT operating system version 4.0 with Service Pack 3 or later

**Peripherals:** Microsoft Mouse or compatible pointing device

**Software:** Microsoft Excel 97 Service Release 2 or higher

- b. Open the appropriate workbook file on the Division's website.
- c. Create a new folder named **OPPAFTemplate** on the path of your choice.
- d. Select the OPPAFTemplate folder you just created
- e. Save the file as an \*.XLS file named OPPAF08.XLS.
- f. If you need another clean copy of the report repeat this process.

### Data Entry Instructions

Hospitals must enter data from their FY2008 Medicare Provider Statistical and Reimbursement (PS&R) report and their CMS-2552 report. If the provider does not have a complete fiscal year, it must provide data from the most recent complete four quarters of data.

Category 1, Outpatient data: From the summary Provider Statistical and Reimbursement Report for fiscal year 2008 (10/1/2007 – 09/30/2008), enter in the values requested. The source report should be report number OD44203 and report type 998. Complete the form for each line item ("TYP") requested. If there are additional lines reported, use the "other" line items and indicate the report "TYP" in the description field.

Category 2, Graduate medical education payments: From the fiscal year 2008 CMS-2552, worksheet E, part B, line 21, column 1, report the value requested.

Category 3, Other pass throughs: From the fiscal year 2008 CMS-2552, worksheet E, part B, lines 1.07-4, report any Part B pass through payment amounts.

Category 4, Other: Report any additional payments and charges the hospital received from Medicare Part B for outpatient hospital services. An explanation for any amount reported here should be provided in the comments field. In addition, any amounts claimed as “other” should have supporting documentation from the intermediary, Part B carrier, or CMS. The Division will review these expenses and determine the appropriateness of the inclusion of these expenses.

Comments: Provide any additional information to the Division related to this report. Each report will be screened and verified by Division staff.

Hospital contact name and phone number: Provide the name of a hospital representative who would be available to answer questions from Division staff on this report.

## **2. Data Submission**

Once completed, hospitals should email the completed Microsoft® Excel file to:

[Hcf.data@state.ma.us](mailto:Hcf.data@state.ma.us)

The subject line of the email should read, “Medicare Outpatient Data”.

The following supporting documents should be photocopied and mailed to the Division:

- Copies of the appropriate pages from the PS&R summary report from which the data was extracted. It is not necessary to provide the entire PS&R;
- Copies of worksheet E, part B of the FY2008 CMS-2552 report;
- Any additional supporting documentation related to amounts reported under “other” or to document text provided in the “comments” section.

Please do not fax these documents, as the numbers are often illegible on received faxes. Hospitals may scan the documents and email scanned PDF files, as long as the numbers are legible.

Please mail these documents to:

Division of Health Care Finance and Policy  
2 Boylston Street  
Boston, MA 02116  
Attn: Jessica McKeage

If you have any questions regarding this report, please contact David Urenas at (617) 988-3207.